

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10748271

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7		/				
8		/				
9		/				
10		/				
11		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51	/							
52		/						
53		/						
54	/							
55		/						
56	/							
57		/						
58	/							
59		/						
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95								
96								
97								
98								
99								
100								
TOTAL IND.	12		←		←		←	
TOTAL DEP.	80		←		←		←	
TOTAL CLAIMS	92		←		←		←	

21  
71  
92